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HEADQUARTERS
PENINSULAR BASE SECTION
MEDITERRANEAN THEATER
Office of the Theater Chief Surgeon
APO 782 US Army

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6 February 1946

CIRCULAR LETTER NO. 1

IMMUNIZATION OF MEDICAL DEPARTMENT PERSONNEL.....Section I
TREATMENT OF DIPHTHERIA.....Section II
REDUCTION OF ADMISSION - TREATMENT INTERVAL.....Section III

I - IMMUNIZATION OF MEDICAL DEPARTMENT PERSONNEL.

1. All Medical Department personnel in this Theater will be immunized against Diphtheria according to the following plan:

a. Schick testing is desirable but not essential. Results are frequently difficult to interpret accurately. The procedure is time consuming. Schick negatives occasionally develop Diphtheria in the face of massive exposure as with certain hospital personnel. If this procedure has been accomplished, all Schick positives will be immunized at once.

b. Diphtheria Toxid Plain (Item Number 1604100) will be employed subcutaneously according to the following schedule:

INJECTION NUMBER:	AMOUNT:	INTERVAL:
1	0.1cc	
2	0.5cc	after 48 hours
3	1.0cc	3 weeks later
4	1.0cc	3 weeks later

c. No one with known allergies will commence this program. Any individual showing severe local or constitutional reactions to any inoculation of the series will not be allowed to continue.

d. Personnel refractory to the plain Toxoid solution will be immunized with Diphtheria Toxoid Alum Precipitated (Item Number 1604000), a single injection of 1.0cc sufficing after any preliminary sensitivity testing deemed necessary.

e. All immunizations will be entered on WD AGO Form 8-117 (old WD Form 81).

II - TREATMENT OF DIPHTHERIA

1. Medical and dental officers will be particularly alert at this season of the year with respect to each case of "sore throat". Any swelling, a dull hypermia or membrane in the throat, a croupy cough, postnasal or pharyngeal involvement may indicate early diphtheria. All suspected cases, regardless of initial temperature findings, should be sent directly to a hospital where proper laboratory methods may be employed to establish a definite diagnosis. Nose and throat cultures will be taken routinely in all cases under consideration.

2. In no instance will penicillin be employed by Unit or Ward Surgeons in the treatment of "sore throat" until the etiological agent has been definitely confirmed.

3. An intramuscular injection, preferably in the upper and outer quadrant of the thighs, of 60,000 to 90,000 units of Diphtheria Antitoxin (Item Number 1602000) will be given as soon as the clinical diagnosis of diphtheria has been made. A second dose of 40,000 units will be given eight hours later. In severely toxic patients, and in those with extensive membranes, additional doses of 20,000 to 40,000 units are advisable at eight hour intervals until definite clinical improvement is noted.

4. In combatting the growth of the organism in proven cases of diphtheria, penicillin is the drug of choice and will be used as required. Sulfadiazine is nearly as efficacious and may be employed if necessary. In all cases it should be remembered that early adequate doses of Antitoxin are the best safeguard against complications and penicillin or sulfadiazine will inhibit further growth of the toxin producing organism.

III - REDUCTION OF ADMISSION - TREATMENT INTERVAL

1. Unit Surgeons and Hospital Commanders will make certain that adequate professional coverage and necessary instructions exist in their Receiving Departments to insure prompt attention for each patient. Existing admitting, processing, and Ward Officer notification procedures will be checked and modified where necessary to reduce the interval between the time a patient presents himself for medical attention at a Dispensary or Receiving Office and when he is finally seen by the Ward Officer or physician responsible for definitive treatment. In no case will this interval exceed one hour.

BY ORDER OF THE THEATRE CHIEF SURGEON:

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